

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46

Host-derived protease promotes aggregation of *Staphylococcus aureus* by cleaving the surface protein SasG

Heidi A. Crosby^{1,a}, Klara Keim^{1,a}, Jakub M. Kwiecinski^{1,2}, Christophe J. Langouët-Astrié³, Kaori Oshima³, Wells B. LaRivière³, Eric P. Schmidt^{3,4}, Alexander R. Horswill^{1,5*}

¹ Department of Immunology and Microbiology, University of Colorado School of Medicine, Aurora, CO, United States of America

² Department of Microbiology, Faculty of Biochemistry, Biophysics and Biotechnology, Jagiellonian University, Krakow, Poland

³ Division of Pulmonary Sciences and Critical Care Medicine, Department of Medicine, University of Colorado School of Medicine, Aurora, CO, United States of America

⁴ Department of Medicine, Denver Health Medical Center, Denver, CO, United States of America

⁵ Department of Veterans Affairs Eastern Colorado Health Care System, Denver, CO, United States of America

^aThese authors contributed equally

***Corresponding author:**

Alexander R. Horswill, Ph.D.
University of Colorado School of Medicine
Department of Immunology and Microbiology
12800 E. 19th Ave., RC1N-9101
Mail Stop 8333
Aurora, CO 80045
Phone: 303-724-3534
E-mail: alexander.horswill@ucdenver.edu

Running Title: Trypsin cleaves the surface protein SasG

47 **Abstract**

48 *Staphylococcus aureus* is one of the leading causes of hospital acquired infections,
49 many of which begin following attachment and accumulation on indwelling medical
50 devices or diseased tissue. These infections are often linked to establishment of
51 biofilms, but another often overlooked key characteristic allowing *S. aureus* to establish
52 persistent infection is formation of planktonic aggregates. Such aggregates are
53 physiologically similar to biofilms and protect pathogen from innate immune clearance
54 and increase its antibiotic tolerance. The cell wall-associated protein SasG has been
55 implicated in biofilm formation via mechanisms of intercellular aggregation, but the
56 mechanism in the context of disease is largely unknown. We have previously shown
57 that expression of cell wall-anchored proteins involved in biofilm formation is controlled
58 by the ArIRS-MgrA regulatory cascade. In this work, we demonstrate that the ArIRS
59 two-component system controls aggregation, by repressing expression of *sasG* by
60 activation of the global regulator MgrA. We also demonstrate that SasG must be
61 proteolytically processed by a non-native protease to induce aggregation, and that
62 strains expressing functional full-length *sasG* aggregate significantly upon proteolysis by
63 a mucosal-derived host protease found in human saliva. We used fractionation and N-
64 terminal sequencing to demonstrate that human trypsin within saliva cleaves within the
65 A domain of SasG to expose the B domain and induce aggregation. Finally, we
66 demonstrated that SasG is involved in virulence during mouse lung infection. Together,
67 our data point to SasG, its processing by host proteases, and SasG-driven aggregation
68 as important elements of *S. aureus* adaptation to host environment.

69

70 **Introduction**

71 *Staphylococcus aureus* asymptotically colonizes the nostrils, throat, and skin
72 of ~30% of the population, and a portion also carry *S. aureus* in their oral cavity [1-5].
73 Nasal carriage is a significant risk factor for developing nosocomial infections [6, 7], with
74 ~80% of infections caused by the patient's colonizing strain [8-10]. *S. aureus* is one of
75 the leading causes of healthcare-associated infections, such as surgical site infections
76 and central line-associated bloodstream infections [11], imposing a substantial burden
77 on the healthcare system. While these infections are often challenging to treat, the rise
78 of methicillin-resistant *S. aureus* (MRSA), which causes over 119,000 of these
79 infections annually in the US, has further exacerbated treatment challenges and
80 increases healthcare costs by nearly one billion dollars annually [12-15].

81 *S. aureus* is one of the most prevalent pathogens in chronic wound infections
82 [16-18], and is one of the first pathogens to colonize in the cystic fibrosis (CF) lung [19].
83 The occurrence of chronic and persistent *S. aureus* infections is in part due to
84 aggregation mechanisms and the ability of this pathogen to adhere to indwelling
85 medical devices as a biofilm [20, 21]. However, in the absence of an implanted medical
86 device, *S. aureus* can form free-floating aggregates that are physiologically similar to
87 biofilms and are likewise more antibiotic resistant [22, 23]. It has been suggested that
88 bacterial aggregates predominate in chronic infections such as osteomyelitis [24],
89 chronic wounds [25], and in the lungs of cystic fibrosis (CF) patients [26, 27]. Intensive
90 efforts to clear MRSA lung infections in CF patients, sometimes using up to five different
91 antibiotics, has shown some promise, although ~15% of patients still harbor MRSA at
92 the end of the intervention period [28-30]. A better understanding of *S. aureus* biofilm

93 formation and aggregation may lead to alternative therapies for these difficult to treat
94 infections.

95 MRSA aggregation observed in clinical infections has been described as groups
96 of closely attached cells that are not surface attached, and similarly to mature biofilms
97 they provide protection from environmental stress and allow for persistence [22].
98 Aggregates and biofilms are difficult to treat in part because they are up to 1000-fold
99 more resistant to antibiotics than planktonic cells [22, 31, 32]. This increased tolerance
100 is thought to be due to a combination of slowed diffusion of antibiotics through the
101 extracellular matrix and slower growth of cells within the community of cells [33]. In
102 addition, aggregates are more resistant to clearance by the innate immune system, in
103 part due to their large size, which impedes phagocytosis, and their ability to secrete and
104 concentrate toxins that target leukocytes [34-37].

105 One of the key drivers of biofilm formation and aggregation in *S. aureus* is the
106 large, cell wall-attached surface protein G (SasG) [38-40]. SasG, and its *S. epidermidis*
107 homolog Aap, consist of multiple domains with distinct functions (**Fig. 1A**). The A
108 domain, which has 59% identity to Aap, is implicated in binding to corneocytes [41] and
109 nasal epithelial cells [42], and has a short, variable repeat region and an L-type lectin
110 subdomain. In full-length SasG, the B domain, which has 60-67% identity to Aap
111 depending on B-repeat number, consists of 2-17 repeats of alternating G5 subdomains
112 and E spacers [38, 43, 44]. These G5-E repeats can dimerize in a Zn-dependent
113 manner to form a twisted cable structure that facilitates intercellular interactions [45]. In
114 *S. epidermidis*, the Aap A domain is removed by the metalloprotease SepA, allowing the
115 exposed B domains to dimerize and promote biofilm accumulation [46]. Exogenous

116 addition of the host proteases trypsin and cathepsin G can also enhance *S. epidermidis*
117 biofilm formation through processing of Aap [43]. Whether SasG also needs to be
118 proteolytically processed is not known, although it appears that none of the known
119 proteases secreted by *S. aureus* can specifically target SasG [38].

120 Expression of *sasG* is variable across *S. aureus* clinical isolates. SasG is
121 constitutively expressed by some clinical isolates [47], and the presence of anti-SasG
122 human antibodies demonstrates its expression during infection [48, 49]. However,
123 commonly used laboratory strains either lack functional SasG, or do not express it
124 under laboratory conditions [47, 50]. Recently, it has become apparent that this lack of
125 SasG expression might be due to its repression by an ArlRS – MgrA regulatory cascade
126 under *in vitro* conditions [49, 51].

127 In this project, we took advantage of the high level of SasG expression in a *S.*
128 *aureus* $\Delta mgrA$ strain to investigate the role of SasG in aggregation and virulence. We
129 identified that the presence of SasG increases *S. aureus* virulence during lung infection,
130 and that the cleavage of the N-terminal portion of the A domain of SasG is necessary
131 for *S. aureus* to aggregate. Since *S. aureus* does not appear to cleave SasG on its own,
132 SasG cleavage during infection must be mediated by host proteases. Such cleavage
133 leads to SasG-mediated aggregation of *S. aureus*, which is reflected as increased
134 virulence of SasG-expressing strain during lung infection. Overall, the host-driven
135 cleavage of SasG establishes an unusual and novel way of sensing and responding to
136 the host environment.

137

138 **Results**

139 ***SasG* saliva interaction and expression levels across *S. aureus* strains**

140 Aspiration of saliva is often a precursor to lung infections [52-55], leading us to
141 investigate how MRSA reacts to the presence of human saliva. We made a somewhat
142 surprising observation that a USA400 MRSA $\Delta mgrA$ mutant strain aggregated to high
143 levels when the cells were resuspended in human saliva, while the WT strain remained
144 in suspension (**Fig. 1B**). Knowing there is differential surface protein expression in
145 $\Delta mgrA$ mutants [49], we ran Coomassie protein gels (**Fig. 1C**) and observed dramatic
146 salivary processing of a large protein that we reasoned might be surface protein G
147 (SasG). Upon constructing a MRSA $\Delta mgrA \Delta sasG$ double-mutant, the protein and
148 aggregation phenotype both disappeared (**Fig. 1B,C**), demonstrating this phenotype is
149 due to SasG. Additionally, the aggregation could be complemented by providing *mgrA*
150 on a plasmid (**Fig. 1D**).

151 We next investigated the generality of this phenotype in *S. aureus*. We
152 compared sequenced *S. aureus* strains containing functional chromosomal copies of
153 *sasG* including community-acquired MRSA (CA-MRSA) USA400 strain MW2, Newman,
154 502a, and a CF clinical MSSA isolate AH4654. We also included strains that expressed
155 a truncated form of SasG such as those of USA300 strain LAC and USA100 strain
156 N315. Finally we included strains lacking a copy of the *sasG* gene altogether, such as
157 USA200 strains MN8 and MRSA252, as controls for comparison. Strains with a
158 functional, full-length version of SasG protein exhibited high levels of saliva-induced
159 aggregation in the absence of *mgrA* (**Fig. 1E**) and we observed abundant SasG in cell
160 wall preparations (**Fig. 1F**). The CF clinical isolate AH4654 exhibited lower expression

161 levels and intermediate aggregation (**Fig. 1E**), although the genetic composition is
162 almost identical to MW2, the functionality of the ArIRS-MgrA system in relation to SasG
163 is not clear in this strain. Unexpectedly, Newman exhibited no visible expression of
164 SasG protein (in WT or $\Delta mgrA$ mutant) and little aggregation despite having a full-length
165 version of SasG encoded in the genome (**Fig 1E, F**). N315 expressed a protein of size
166 to SasG but did not clump at all. These data were confirmed by qPCR quantifying *sasG*
167 expression (**Fig. 1G**). In general, our observations indicate that *S. aureus* strains with a
168 full-length SasG, under conditions that induce *sasG* gene expression, will aggregate in
169 the presence of human saliva.

170

171 ***Molecular details of MgrA repression of sasG gene***

172 To investigate transcriptional control of *sasG* in the (CA-MRSA) USA400 strain MW2,
173 we constructed a P_{*sasG*}-sGFP reporter plasmid (pHC127) with *sasG* promoter fused to a
174 gene encoding sGFP. This plasmid was transformed into mutants of the ArIRS and
175 MgrA regulatory systems, previously suspected to repress the expression of SasG, and
176 the expression levels were monitored over 24 h (**Fig. 2A**). The highest expression was
177 observed in the $\Delta mgrA$ mutant, followed by the $\Delta arIRS$ mutant, with minimal expression
178 in WT. The high expression in $\Delta mgrA$ mutant was confirmed at the protein level (**Fig.**
179 **2B**). We analyzed the *sasG* promoter region by 5'RACE to identify a putative
180 housekeeping promoter and transcriptional start site (**Fig. 2C**). Putative MgrA repressor
181 binding sites are shown that overlap the promoter region. Overall, our findings confirms
182 that expression of SasG in laboratory growth media is repressed by the ArIRS – MgrA
183 regulatory cascade.

184

185 ***SasG processing after A-domain repeats promotes aggregation in human saliva***

186 As noted in **Figure 1**, a large protein consistent with the size of SasG was
187 upregulated in the $\Delta mgrA$ mutant and processed to a smaller version after incubation
188 with human saliva (**Figs. 1C & 3A**). These observations suggest that proteases present
189 in saliva could process SasG to smaller sizes. A previous report suggested that SasG
190 possessed self-processing capability and that this cleavage occurred at multiple sites
191 within the B domain [38]. While the self-processing might be occurring in other
192 experimental conditions, we did not observe background processing in our experiments
193 when bacteria were incubated in PBS (**Fig. 1C**). In contrast, our results indicate that
194 SasG may be processed by a host protease(s), and there may be a single cleavage site
195 near one end of the protein, similar to what is seen with Aap [46].

196 To determine the location of the cleavage site within SasG, we cloned and
197 purified the extracellular portion of SasG. The LPXTG cell wall anchor was replaced
198 with a hexahistidine tag, and the protein was expressed in a *S. aureus* strain that lacks
199 secreted proteases [56]. Purified SasG was incubated with saliva and then re-purified
200 before N-terminal sequencing to determine the cleavage site. The results revealed a cut
201 site after Arg-144, which falls between the A repeats and lectin subdomain (**Fig. 3A**).
202 This is similar to one of the two reported cleavage locations in Aap [46], but it is
203 somewhat surprising because removal of the entire A domain was thought to be
204 required for both Aap and SasG B domain homodimerization and subsequent
205 aggregation [43, 46]. The cleavage of SasG by saliva was found to be dose-dependent
206 (**Fig. 3B**), suggesting presence of specific cleaving protease(s) inside the saliva.

207 Therefore, purified SasG was incubated with saliva and protease inhibitors to identify
208 the responsible protease(s). Minimal inhibition was seen with EDTA or PMSF alone, but
209 in combination they almost completely inhibited cleavage of SasG (**Fig. 3C**). This result
210 suggests that saliva contains at least two proteases, a metalloprotease and a serine
211 protease, that process SasG and promote bacterial aggregation.

212 To test if this truncated form of SasG could promote aggregation, we cloned both
213 full-length and truncated versions of *sasG* and expressed them in strain USA300 LAC,
214 which does not express a functional SasG on its own due to a frameshift mutation in its
215 *sasG* gene. While expression of full-length SasG had only minimal effect on aggregation
216 in buffer, and required saliva to facilitate a full-scale aggregation, the truncated version
217 of SasG facilitated aggregation in buffer alone (**Fig. 3D**). This confirmed that removal of
218 the 94 N-terminal amino acids of the A repeat region is sufficient to allow SasG to
219 dimerize and promote aggregation.

220

221 ***Fractionation to identify host proteases processing SasG***

222 Clarified saliva was concentrated, filtered, and passed over multiple columns to
223 separate the proteins into fractions. First, we used anion exchange chromatography
224 followed by size exclusion chromatography. These fractions were then tested to see if
225 they could cleave purified SasG by running the reactions on SDS-PAGE gels and
226 looking for a shift in SasG size (**Fig. 4A**). The level of SasG cleavage was highest in
227 fractions 19-22 and these fractions were used going forward. In parallel, we tested the
228 response of the isolated active saliva fraction with protease inhibitors to determine the
229 exact class of the enzyme. The most inhibition was observed with AEBSF, Antipain, and

230 Leupeptin, suggesting the enzyme present in the active fractions is a serine protease
231 (**Fig. 4B**). After electrophoresis separation of fractions with highest activity (**Fig. 4A**),
232 individual bands were extracted from the gel and the protein(s) identified by MALDI
233 mass spectrometry. Seven proteases were detected in these bands with significant
234 peptide coverage, including trypsin-1, prostatic, serine protease 27 and various
235 cathepsins (**Supp. Table 1**). Considering the protease inhibitor patterns (**Fig. 4B**), the
236 best hit from the proteomics assessment was human trypsin.

237

238 ***Validation of identified proteases***

239 We used commercially available trypsin to test SasG processing and promotion of *S.*
240 *aureus* aggregation. A range of trypsin concentrations (0-200 µg/mL) was incubated
241 with purified SasG, and dose-dependent SasG processing was visualized on SDS-
242 PAGE (**Fig. 5A**). In parallel we performed aggregation assays at the same doses of
243 protease (**Fig. 5B**). At 0.2 µg/mL we started observing cleavage of SasG, which
244 correlated with an increase in aggregation. The levels of cleavage and aggregation
245 increased at 2 µg/mL trypsin and remained fairly constant at 20 µg/mL (**Fig. 5A, B**).
246 These findings demonstrated that trypsin can recapitulate the phenotype of SasG
247 processing and promote aggregation. At 200 µg/mL trypsin, the whole SasG protein
248 was becoming degraded (**Fig. 5A**), and the aggregation phenotype was mostly lost
249 (**Fig. 5B**).

250

251

252

253 **Role of SasG in pneumonia model**

254 To examine the biological relevance of SasG *in vivo*, we intratracheally infected
255 mice with MW2 $\Delta mgrA$ (thus, SasG-expressing) or with $\Delta mgrA \Delta sasG$ double mutant
256 (**Fig. 6**). No evidence of systemic dissemination was observed in this model (**Fig. 6A**).
257 The mice that were infected with the double mutant lacking SasG showed decreased
258 number of colonies in the lungs (**Fig. 6B**), compared to the $\Delta mgrA$ strain expressing
259 SasG. At the same time markers of inflammation and tissue damage, that is number of
260 leukocytes (**Fig. 6C**) and level of protein (**Fig. 6D**) in the bronchoalveolar lavage (BAL)
261 remain similar irrespective of the injected strain. The same trend of decreased bacterial
262 counts and not significantly affected leukocytes and protein levels was also observed
263 when a lower dose of *S. aureus* was used for infection (**Supplementary Fig. 1A-C**).
264 Overall, this suggests that during lung infection the presence of SasG on *S. aureus*
265 surface has no effect on host response or local damage, but it does benefit survival of
266 the pathogen when faced with host immune response. Overall, the mouse pneumonia
267 data indicate that presence of SasG contributes to *S. aureus* virulence *in vivo*.
268

269 **Discussion**

270 Roughly one-third to half of healthy individuals are colonized by *S. aureus* in the
271 nasal cavity and/or nasopharynx [57-59]. While *S. aureus* colonization is benign in
272 healthy adults, presence of *S. aureus* in the respiratory tract is the major risk factor for
273 developing pneumonia in the intensive care unit [60, 61]. Despite the high rate of *S.*
274 *aureus* carriage in the oral cavity, only preliminary studies have been performed with *S.*
275 *aureus* interactions with human saliva proteins [62, 63]. *S. aureus* predominantly binds
276 human proteins using microbial surface components recognizing adhesive matrix
277 molecules (MSCRAMMs) [64]. We have previously shown that the ArlRS/MgrA
278 regulatory cascade controls expression of MSCRAMMs and other surface proteins that
279 function in adhesion and immune evasion [65]. Strains lacking either *arlRS* or *mgrA*
280 overexpress these surface proteins, and in this work we made the surprising discovery
281 that a *S. aureus mgrA* mutant aggregates in the presence of human saliva. We found
282 that intercellular aggregation is dependent on expression of SasG, but also requires
283 host factors in saliva to process SasG.

284 In previous studies we demonstrated that full-length SasG is sufficient to block
285 clumping and adhesion of cells by physically interfering with other surface proteins'
286 ability to bind to host matrix components [49, 51, 66, 67]. However, SasG expression is
287 low in *S. aureus* laboratory strains under standard *in vitro* conditions, which masks
288 these clumping interference and aggregation phenotypes. Through our mapping of the
289 *sasG* promoter and transcriptional reporter assay, we show that *sasG* expression is
290 repressed by ArlRS/MgrA, and we identify a potential MgrA binding site that overlaps

291 with the *sasG* promoter. Therefore, inactivation of the ArlRS-MgrA cascade allows for
292 high expression levels of *sasG*.

293 We also found that there is significant variation in *sasG* expression and
294 molecular characteristics among strains: not all *S. aureus* strains have a functional (full-
295 length) copy of *SasG*, and of the strains that have the functional gene, not all express
296 *SasG* at detectable levels. USA400 MW2 and 502a encode full length, surface-attached
297 copies of *SasG* with 5 B-repeats which aggregate with high efficiency. Bioinformatic
298 analysis of the CF isolate AH4654 genome revealed the *sasG*, *mgrA*, and *arlRS* genes,
299 and their respective promoter regions are all essentially identical to MW2. Interestingly,
300 this CF isolate expresses *SasG* and aggregates natively (**Fig. 1**), similar to other *S.*
301 *aureus* isolates that fall into ST15/CC15 grouping [47]. In contrast strain Newman,
302 despite encoding a full-length *SasG*, does not present it on its surface and does not
303 aggregate with or without *MgrA*. The reason *SasG* is not functional in Newman is
304 unclear at this time. Strains such as USA300 LAC and N315 have truncated copies of
305 *SasG* due to frameshift mutations and therefore cannot aggregate. Other strains like
306 MN8 and MRSA252 do not possess *sasG* and any observed aggregation was likely due
307 to another surface protein.

308 *SasG* is one of the key drivers of biofilm formation in *S. aureus* [38, 40, 45, 47].
309 *SasG*, and its *S. epidermidis* homolog *Aap*, consist of multiple domains with distinct
310 functions (**Fig. 1A**). In *S. epidermidis* the *Aap* A domain is known to be removed by the
311 secreted metalloprotease *SepA* to facilitate biofilm accumulation [46], but native *S.*
312 *aureus* secreted proteases have not been found to cleave *SasG* in the same manner
313 [38]. Previous studies on *S. epidermidis* *Aap* also showed that exogenously added host

314 proteases, such as trypsin and cathepsin G, could cleave Aap and enhance biofilm
315 formation through processing [43]. Our studies have found a parallel role for host
316 proteases in cleaving *S. aureus* SasG and triggering aggregation.

317 During infection, *S. aureus* uses mechanisms of aggregation and biofilm
318 formation as survival strategy to protect itself long-term in response to environmental
319 stressors, such as antimicrobials or host immune factors. Our data demonstrates that
320 upregulation of *sasG* is associated with increased aggregation upon interaction with
321 human saliva, which is known to contain numerous proteases [68]. Considering that the
322 aspiration of saliva secretions is a common precursor to lung infection [69], our findings
323 indicate that salivary proteases are capable of cleaving SasG at a single site within the
324 A domain. This processing removed the 94 amino acids that compose the A-repeats,
325 exposing the A-lectin and B-domains to interact on neighboring cells and homodimerize.
326 We fractionated the proteases to identify human trypsin and validated with commercially
327 available trypsin. However, additional serine and metalloproteases may also contribute
328 to processing of SasG. From an adaptive standpoint, *S. aureus* may have evolved a
329 surface protein like SasG that is proteolytically labile, which can sense environmental
330 conditions and facilitate aggregation to protect *S. aureus* under stress.

331 Despite significant biochemical and structural studies on SasG, accompanied by
332 experiments *in vitro*, there are no studies determining its contribution to virulence in
333 animal models of infection. However simultaneous deletion of SasG and Eap did reduce
334 insect mortality in a silkworm infection model [70]. In this work, we provide evidence that
335 SasG contributes to *S. aureus* in establishment of a lung infection. We demonstrated
336 that SasG is important for *S. aureus* to survive and proliferate at the infection site.

337 However, the presence of SasG did not impact the host response or damage to host,
338 suggesting it is solely important for *S. aureus* survival in a stressful environment.

339 In summary, we have shown that the global regulator MgrA controls expression
340 of the surface protein SasG. There is variation in the type and amount of *sasG*
341 expressed among *S. aureus* strains, but expression of full-length SasG is associated
342 with increased aggregation which is dependent on the presence of host proteases. We
343 identified the serine protease human trypsin as a component of saliva that can process
344 SasG A-domain to trigger aggregation. Finally we showed that SasG is important for
345 full virulence in a *S. aureus* lung infection.

346

347

348 **Material and Methods**

349 **Reagents and growth conditions**

350 *S. aureus* strains and plasmids used in this work are listed in **Table 1**. AH4654 is one of
351 75 clinical isolates, isolated from 10 pediatric CF patients and kindly gifted by the
352 Starner Lab, University of Iowa. *S. aureus* was cultured in tryptic soy broth (TSB) or
353 brain heart infusion (BHI) broth, and *E. coli* was cultured in lysogeny broth (LB) at 37 °C
354 with shaking at 200 rpm. Antibiotics were added to the media at the following
355 concentrations: chloramphenicol (Cam), 10 µg/mL; erythromycin (Erm), 5 µg/mL; and
356 tetracycline (Tet), 1 µg/mL. *E. coli* strains with plasmids were maintained on media
357 supplemented with ampicillin at 100 µg/mL; kanamycin, 50 µg/mL; or spectinomycin at
358 50 µg/mL. Porcine trypsin and the Protease Inhibitors Set (Roche) were purchased from
359 Sigma. Stimulated saliva was collected over 10-30 min by chewing on paraffin wax.
360 Particulate material was removed by centrifugation, and this clarified saliva was stored
361 at 4°C for up to 2 days.

362

363 **Recombinant DNA and genetic techniques**

364 *E. coli* DH5α and DC10B were used as a cloning host for plasmid constructions.
365 Restriction enzymes, DNA ligase, and Phusion DNA polymerase were purchased from
366 New England Biolabs. The plasmid mini-prep and gel extraction kits were purchased
367 from Invitrogen. *S. aureus* genomic DNA was purified using the Puregene
368 yeast/bacteria kit B (Qiagen). Lysostaphin, used for *S. aureus* DNA extractions, was
369 purchased from Sigma. Plasmids were purified from *S. aureus* RN4220 or *E. coli*
370 DC10B and electroporated into MRSA LAC strains as described previously [71, 72].

371 Bacteriophage transductions between *S. aureus* strains were performed with phage 11
372 as described previously [73]. All oligonucleotides were ordered from IDT (Coralville, IA)
373 and are listed in **Table 2**. Routine DNA sequencing was performed at the University of
374 Iowa DNA Core Facility or the Molecular Biology Service Center at the University of
375 Colorado Anschutz Medical Campus. Whole genome sequencing was performed at the
376 University of Iowa DNA Core Facility with the Illumina MiSeq platform followed by *de*-
377 *novo* contig generation with the SPAdes genome assembler [74], and quality assessed
378 with QUAST [75]. Assemblies were annotated with Prokka [76]w. The draft genome of
379 AH4654 was deposited to NCBI and Illumina data is available in Genbank (accession
380 no. JAPQKW000000000).

381

382 **RNA purification and RT-qPCR**

383 Bacterial cultures were grown overnight in TSB and then subcultured to an OD₆₀₀ of 1.5.
384 Cells were then pelleted and washed with RNAprotect Bacterial Reagent (Qiagen). To
385 extract RNA, cells were lysed with lysostaphin for 30 minutes at room temperature, and
386 RNA was purified using the RNeasy Mini Kit (Qiagen). Following RNA purification,
387 genomic DNA was then removed using the Turbo DNase Kit (Ambion). cDNA was then
388 generated from DNase treated RNA template using the iScript cDNA synthesis kit (Bio-
389 Rad). To perform quantitative PCR (qPCR), Primers KK15 and KK16 were used for
390 *sasG*, and KK23 and KK24 for DNA gyrase (*gyrB*), as described previously [49]. qPCR
391 was performed by amplifying cDNA in 20 μ L reaction volumes with iTaq Universal
392 SYBR Green Supermix (Bio-Rad) in the CFX96 Touch Real-Time PCR System (Bio-
393 Rad) under the following conditions: 3 min at 95°C, 40 cycles of 10 s at 95°C and 30 s

394 at 59°C, followed by a dissociation curve. No template and no reverse transcription
395 controls were performed in parallel. Experiments were performed in biological triplicate
396 with two technical replicates, expression was normalized to *gyrB*.

397

398 ***sasG* promoter mapping and GFP fusion plasmid**

399 The *sasG* promoter was mapped using rapid amplification of 5' cDNA ends (5' RACE)
400 [77]. Template RNA was purified from MW2 $\Delta mgrA$ using the RNeasy Mini Kit (Qiagen)
401 as previously described [49]. Primers used were the general 5' RACE primers [77]
402 HC608, HC609, and HC610, and the *sasG*-specific primers HC611, HC612, and
403 HC613. To generate the P_{*sasG*}-GFP fusion plasmid, the region upstream of *sasG* was
404 amplified using primers HC598 and HC599. The fragment was digested using XbaI and
405 KpnI before ligating into pCM29 [78]. The resulting plasmid, pHC127, encodes the *sasG*
406 promoter upstream of an optimized ribosome binding site and codon optimized gene for
407 superfolder GFP. To assess expression, overnight cultures were diluted 1:100 in TSB
408 containing chloramphenicol in a black 96-well plate. Plates were incubated at 37 °C with
409 shaking in a humidified microtiter plate shaker (Stuart). A Tecan Infinite M200 plate
410 reader was used to periodically measure OD₆₀₀ and fluorescence intensity with
411 excitation at 495 nm and emission at 515 nm. Values represent averages and standard
412 deviations of triplicate wells.

413

414 ***S. aureus* aggregation assay**

415 *S. aureus* cultures (5 mL) were grown overnight in TSB with shaking at 37 °C. One mL
416 of culture was harvested by centrifugation and the media was discarded. The cells were

417 resuspended in 1 ml of either phosphate buffered saline or clarified human saliva.
418 Tubes were allowed to sit for 1 h at room temperature, and then aggregation was
419 visually assessed. For quantification of aggregation, 100 μ L of liquid was removed from
420 the top of the tube at 0 h and 1 h, and the optical density at 600 nm was measured in a
421 96-well plate in a Tecan infinite M200 plate reader. Measurements represent averages
422 and standard deviations of experiments performed on three separate days.

423

424 **Cell wall preparations**

425 For preparation of cell wall proteins after aggregation assays, the tubes were
426 centrifuged, and the cells were washed twice with PBS. The cells were resuspended in
427 500 μ L of protoplasting buffer (10 mM Tris pH 8, 10 mM MgSO₄, 30% raffinose).
428 Lysostaphin (25 μ g) was added and the cells were incubated for 1 h at 37 °C. The tubes
429 were centrifuged for 3 min at max speed, and 500 μ L of supernatant was transferred to
430 a new tube. Proteins were precipitated by adding 125 μ L of cold trichloroacetic acid and
431 leaving on ice for 2 h. Precipitated proteins were pelleted by centrifuging at max speed
432 for 10 min. The pellet was washed twice with 500 μ L of cold 100% ethanol and then
433 inverted to dry. The pellets were resuspended in 36 μ L of SDS-PAGE loading dye,
434 heated to 85°C, and then 10 μ L was loaded on a 7.5% acrylamide gel.

435

436 **Purification of full-length SasG**

437 The *sasG* gene from *S. aureus* MW2 was amplified using primers HC416 and HC418
438 (**Table 2**), which remove the last 33 amino acids of SasG, including the LPXTG cell wall
439 anchor, and replace them with a glycine followed by six histidine residues. This C-

440 terminally tagged, secreted version of *sasG* was cloned into pALC2073 under the
441 control of an anhydrotetracycline-inducible promoter, generating pHC90. We decided to
442 purify this version of SasG from *S. aureus* LAC, which does not have an intact copy of
443 *sasG* on the chromosome. To avoid potential proteolysis, we used a previously
444 developed strain of LAC lacking secreted proteases (AH1919). Additionally, we modified
445 AH1919 to be resistant to anhydrotetracycline by integrating the empty vector pLL29
446 [79] in the phage 11 attachment site, generating host strain AH4607.

447 For expression of SasG, pHC90 was moved into AH4607 and a 5 mL culture was
448 grown overnight at 37 °C in TSB with chloramphenicol. This overnight culture was used
449 to inoculate 1 L of TSB supplemented with chloramphenicol and 0.15 µg/mL
450 anhydrotetracycline. The culture was grown with shaking for ~6.5 h at 37°C. Cells were
451 removed by centrifugation, and the culture supernatant was concentrated to ~30 mL
452 using an Amicon stirring pressure concentrator with a 100 kDa cutoff filter. The
453 supernatant was dialyzed twice against binding buffer (50 mM sodium phosphate, 300
454 mM NaCl, pH 8). SasG-His6 was then purified using a pre-packed 5 ml IMAC cartridge
455 (Bio-rad) on a Bio-rad FPLC. SasG-His6 was eluted with a linear gradient up to 100%
456 elute buffer (50 mM sodium phosphate, 300 mM NaCl, 250 mM imidazole, pH 8). The
457 protein was then concentrated and dialyzed against storage buffer (20 mM sodium
458 phosphate, 150 mM NaCl, pH 7.5). Glycerol was added to 20% before flash freezing
459 and storing at -80°C.

460

461 **SasG processing assays**

462 Purified, full-length SasG was diluted 10-fold in phosphate buffered saline, and 2 μ L of
463 this dilution was combined with 2 μ L of water and 16 μ L of clarified saliva or saliva
464 fraction. Reactions were incubated for 1 h at 37 °C unless otherwise indicated.
465 Processing was then quenched by adding 7 μ L of SDS-PAGE loading buffer and
466 heating to 65 °C. 10 μ L of this was then loaded on a 7.5% or 10% gel, or a 4-20%
467 gradient gel. For calculating the percentage of SasG processed, Coomassie-stained
468 gels were scanned and quantified using Image Studio Lite (LiCor).

469

470 **Identifying the cleavage site within SasG**

471 A large SasG cleavage reaction was setup using 100 μ L of purified SasG-His6, 900 μ L
472 of PBS, and 4 ml of clarified, filtered saliva. The reaction was allowed to incubate for 1.5
473 h at 37 °C. The solution was then exchanged to binding buffer (same as above) using a
474 100 kDa molecular weight cutoff filter (Amicon). SasG-His was then re-purified using
475 HIS-Select resin (Sigma) and eluted with bind buffer containing increasing
476 concentrations of imidazole. Fractions containing SasG-His were pooled and
477 concentrated to ~0.5 mL, and 2, 4, 6, and 8 μ L aliquots were mixed with SDS-PAGE
478 buffer, boiled, and run on a 4-15% gradient gel. Proteins were then transferred to a
479 PVDF membrane using a Trans-blot Turbo transfer system (Bio rad) and the membrane
480 was stained with Coomassie. N-terminal sequencing of cleaved SasG was carried out
481 by Edman degradation using a Shimadzu PPSQ-53A Gradient Protein Sequencer at the
482 Protein Facility at Iowa State University.

483

484 **Partial purification of proteases from human saliva**

485 Stimulated saliva (~90 ml) was collected over one day and centrifuged at 30,000* g to
486 remove debris. Clarified saliva was filtered and then concentrated to ~3 mL using
487 30,000 MWCO centricon concentrators (Amicon) and dialyzed against buffer A (20 mM
488 Tris pH 8, 2 mM NaCl). The sample was then separated by anion exchange
489 chromatography using a HiScreen Capto Q column (GE Life Sciences), eluting with a
490 linear gradient up to 100% buffer B (20 mM Tris pH 8, 1 M NaCl). Fractions were tested
491 using the SasG processing assay described above, except that tubes were incubated
492 for 2 h at 37 °C before running on an SDS-PAGE gel. Active fractions were pooled,
493 concentrated to ~350 µL, and loaded on an SEC70 size exclusion column (Bio-rad).
494 The running buffer consisted of 20 mM Tris pH 8 and 100 mM NaCl. 0.5 ml fractions
495 were collected and tested for their ability to cleave SasG as described above, and a
496 couple fractions (20 and 21) was selected for further analysis. Protease inhibitors
497 (Sigma) were used according to manufacturer's instructions. For protein identification,
498 bands were excised from an SDS-PAGE gel and analyzed at the University of Colorado
499 Mass Spectrometry Proteomics Shared Resource Facility.

500

501 **Pneumonia model**

502 All mouse experiments were conducted in accordance with National Institutes of Health
503 guidelines and previously approved by the University of Colorado Institutional Animal
504 Care and Use Committee. Wild-type (WT) female BALB/c, 6-8 weeks old, were
505 purchased from Jackson Laboratories (Bar Harbor, ME). Mice were anesthetized with
506 isoflurane inhalation and challenged with approximately 2×10^8 colony-forming units
507 (CFU)/30 µL of either mutant ($\Delta mgrA$ or $\Delta mgrA \Delta sasG$) *S. aureus* MW2 strain

508 intratracheally. A blunt-tipped, bent 18-g Hamilton syringe was used to administer 30 μ L
509 of *S. aureus* directly into the lungs. Mice were left to recover for 24 hours after which
510 were euthanized using lethal dose of ketamine/xylazine. Trachea was cannulated and
511 the right lobes were tied off allowing for unilateral bronchial alveolar lavage (BAL) fluid
512 isolation from the left lung. The right lobes were weighed then homogenized for CFU
513 determination. As a measure of lung inflammation and injury, leukocytes and protein in
514 BAL fluid were measured.

515

516 **Acknowledgments**

517 We thank Dr. Timothy Starner for providing CF isolate AH4654. H. Crosby was
518 supported by American Heart Association postdoctoral fellowship 15POST25720016.
519 K. Keim was supported by the NIAID Molecular Pathogenesis of Infectious Disease T32
520 predoctoral fellowship AI052066-19. Research in the laboratory of A. R. Horswill was
521 supported by NIH grants AI083211 and AI162964.

522

523

524

525 **Table 1.** Bacterial strains and plasmids

Strain/plasmid	Genotype/properties	Reference
<i>E. coli</i>		
DH5α	Cloning strain	Protein Express
DC10B	Cloning strain (<i>dcm</i>)	[71]
T7 Express	Protein expression strain	NEB
<i>S. aureus</i>		
RN4220	Restriction deficient cloning host	[80]
MW2	USA400 CA-MRSA	[81]
AH3422	MW2 $\Delta mgrA$	[49]
AH3989	MW2 $\Delta mgrA \Delta sasG$	[49]
AH1263	USA300 CA-MRSA Erm ^S (LAC*)	[82]
AH3375	LAC $\Delta mgrA$	[49]
AH1919	LAC* $\Delta aur \Delta sspAB \Delta staphopainA \Delta spl::erm$	[56]
AH4607	LAC* $\Delta aur \Delta sspAB \Delta staphopainA \Delta spl::erm \phi 11 att::tet$	This work
502a	ST5 MSSA	
AH3625	502a $\Delta mgrA::tetM$	[49]
Newman	MSSA	[83]
AH3472	Newman $\Delta mgrA::tetM$	[49]
N315	USA100 MRSA	[84]
AH3473	N315 $\Delta mgrA::tetM$	[49]
MN8	USA200 MSSA	[85]
AH3480	MN8 $\Delta mgrA::tetM$	[49]
MRSA252	USA200 HA-MRSA	[86]
AH3483	MRSA252 $\Delta mgrA::tetM$	[49]
AH4654	MSSA CF Isolate	This work
AH4728	AH4654 $\Delta sasG::Tn Erm$	This work
Plasmids		
pALC2073	Tetracycline-inducible shuttle vector, Cam ^R	[87]
pRMC2	Tetracycline-inducible shuttle vector, Cam ^R	[88]
pCM28	Empty vector control for pCM29, Cam ^R	[82]
pCM29	sGFP expression vector, Cam ^R	[78]
pTEV5	Expression vector with TEV-cleavable His6 tag, Amp ^R	[89]
pHC66	<i>mgrA</i> complementation vector, Cam ^R	[49]
pHC89	pALC2073- <i>sasG</i>	This work
pHC90	pALC2073- <i>sasG</i> -His6 (secreted)	This work
pHC108	pTEV5 <i>sasG</i> B repeat	This work
pHC116	pALC2073- <i>sasG</i> ΔN	This work
pHC127	P _{<i>sasG</i>} -sGFP, Cam ^R	This work

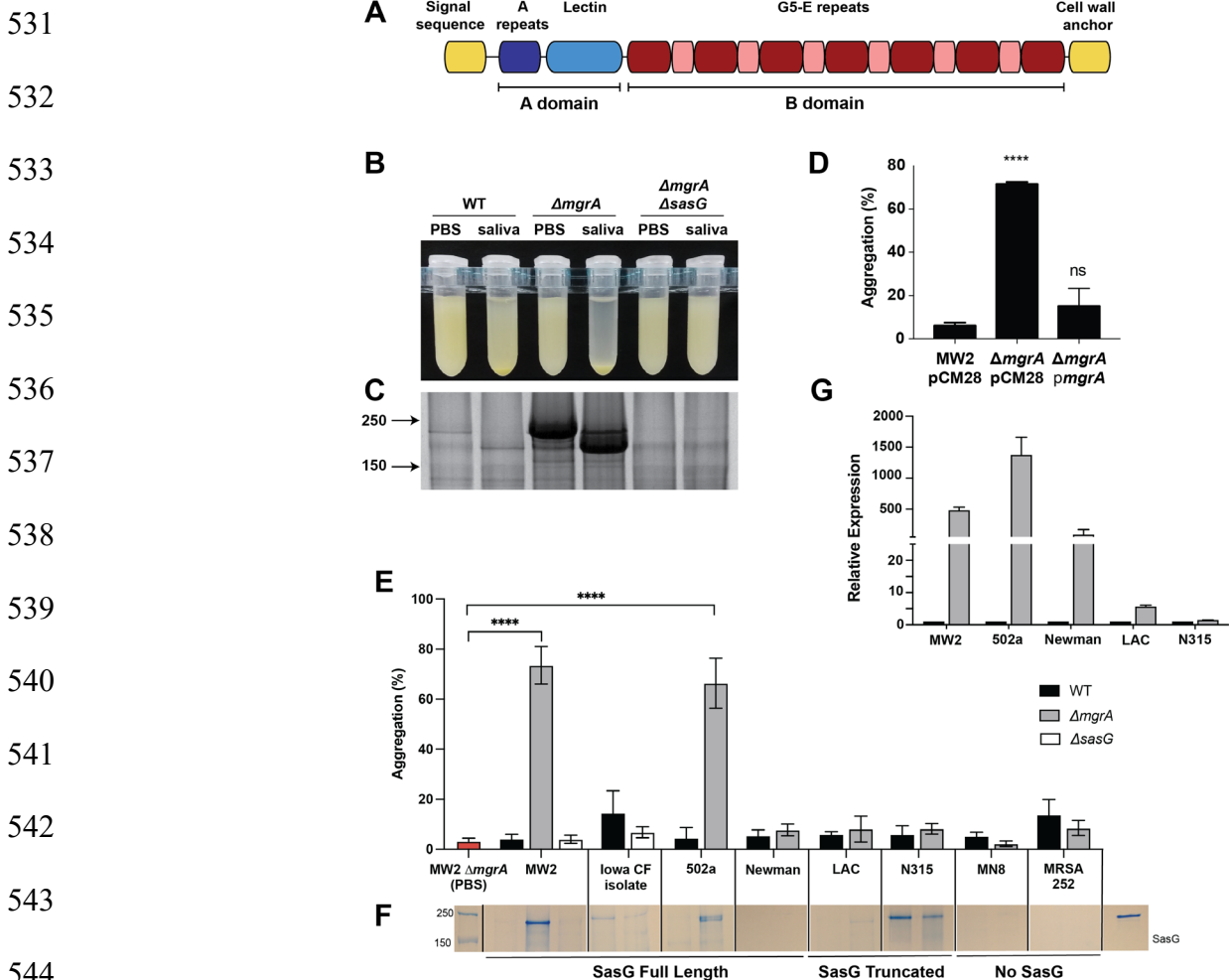
527 **Table 2. Primers**

Code	Name	Sequence
HC233	sasG Tn (up) confirmation	ACTGTAAGCAAAGTGGAAAATATGG
HC233	sasG Tn(down) confirmation	CTCTGAACCTTTCAAGTCAGTTCTC
HC416	MW2 sasG 5' KpnI	GTTGGTACCCACTGTAAGTAAAGTGGAAAATATGGAA
HC418	MW2 sasG His 3'SacI	GTTGAGCTCTTAATGATGATGATGATGATGACCTTCTGCTCGTT TTTTCTCTTGAT
HC598	PsasG 5'XbaI	GAAGTTCTAGAAGTATGTTTTCGAGATTTTAATATCTTGG
HC599	PsasG 3'KpnI	GTTGAGGTACCCTTTTTCCATATTTTCCACTTTACTTAC
HC608	QT	CCAGTGAGCAGAGTGACGAGGACTCGAGCTCAAGCTTTTTTTTT TTTTTTTT
HC609	QO	CCAGTGAGCAGAGTGACG
HC610	QI	GAGGACTCGAGCTCAAGC
HC611	sasG GSP-RT	TGGACATTATCTTTTAATGTAGTTGGATTCTC
HC612	sasG GSP1	AGTTCCCAAATACATTAGTGAGCC
HC613	sasG GSP2	TAGATGCTGTTCCAAGTAAATTTTC
KK015	sasG RT-qPCR fwd	GCAGAAGCAGCTGAAAACAA
KK016	sasG RT-qPCR rev	GTGGTGCAAGTGTCTTTGTTTG
KK23	gyrB RT-qPCR fwd	AACGGACGTGGTATCCCAGTTGAT
KK24	gyrB RT-qPCR rev	CCGCCAAATTTACCACCAGCATGT

528

529

530 Figures and Figure Legends



545 **Fig. 1.** *S. aureus* aggregates in presence of human saliva and high SasG levels. (A)
546 Schematic of SasG domains. (B-D) Overnight cultures of the indicated MRSA MW2
547 strains were spun down and resuspended in either phosphate buffered saline or
548 clarified human saliva. (B) Photo shows aggregation of the $\Delta mgrA$ mutant after one hour
549 of incubation at room temperature. (C) Coomassie stained SDS-PAGE gel shows cell
550 wall preps from these same samples after one-hour incubation as described above.
551 Experiment is representative of at least three replicates. (D) Quantification of
552 aggregation of MW2 WT with the empty vector pCM28, or $\Delta mgrA$ mutant with either
553 pCM28 or the complementation vector pCM28-*mgrA* (pHC66) in the presence of saliva.
554 Data represent averages and standard deviations of three separate experiments.
555 Statistical significance was calculated by One-way ANOVA. ****, $p \leq 0.0001$; ns, not
556 significant. (E) Various *S. aureus* strains with full-length, truncated or lacking *sasG* were
557 incubated with human saliva and aggregation was measured following 2hrs of
558 incubation. (F) Cell wall proteins were precipitated from overnight cultures and run on
559 SDS PAGE to observe relative SasG expression levels. (G) Quantification of *sasG* gene
560 expression of various *S. aureus mgrA* mutant strains relative to the respective wild-type
561 *sasG* expression (n=3). Values are normalized to *gyrB* expression in each strain.

562

563

564

565

566

567

568

569

570

571

572

573

574

575

576

577

578

579

580

581

582

583

584

585

586

587

588

589

590

591

592

593

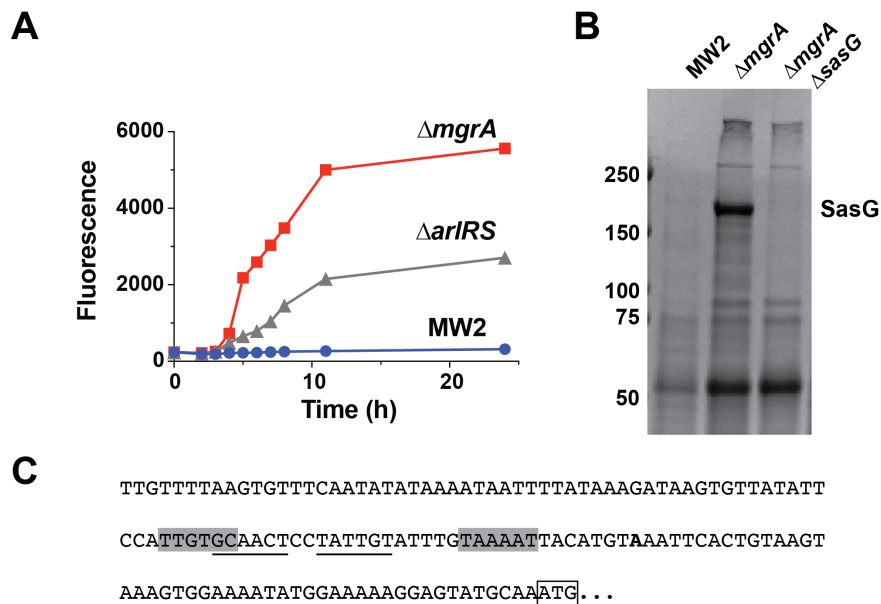


Fig. 2. SasG expression is regulated by ArlRS and MgrA. (A) Expression of a P_{sasG} -GFP transcriptional reporter in the wild-type strain MW2 and isogenic $\Delta mgrA$ and $\Delta arlRS$ mutants. (B) Coomassie-stained SDS-PAGE gel of shed surface proteins from MW2, as well as $\Delta mgrA$ and $\Delta mgrA \Delta sasG$ mutants. The SasG band is indicated. (C) Transcription start site (in bold) of *sasG* determined using 5'RACE. The ATG start codon is boxed, and putative -35 and -10 elements are shaded in gray. A potential MgrA binding site is underlined.

594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633

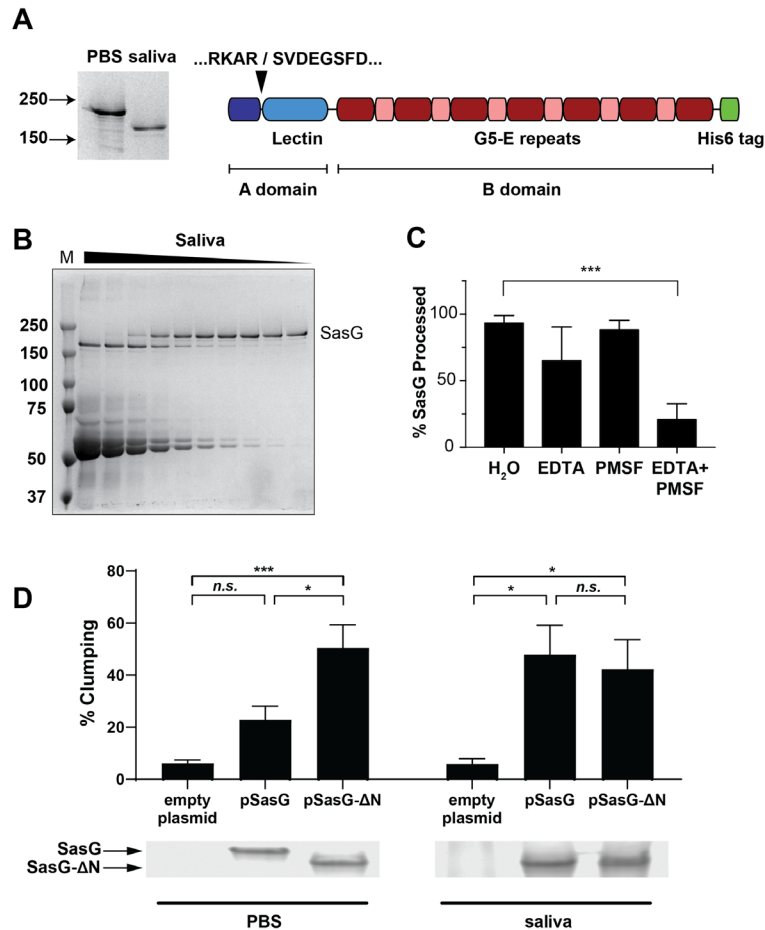


Fig. 3. Saliva cleaves SasG within the A domain. (A) The *sasG* gene from *S. aureus* MW2 was cloned with a C-terminal His₆ tag in place of the cell wall anchor, allowing it to be purified from *S. aureus* culture supernatants. This purified, full-length SasG was then incubated with human saliva for 1.5 h, resulting in SasG cleavage (shown in Coomassie-stained gel on left). Cleaved SasG was re-purified and subjected to N-terminal sequencing, which showed the cleavage site to be N-terminal to the lectin domain. (B) Human saliva was concentrated ~5-fold before generating a 2-fold dilution series. Purified SasG was then added, and the reactions were incubated for 1 h at 37 °C. (C) Saliva was pre-incubated with either 2.5 mM EDTA, 2.5 mM PMSF, or both, before adding purified SasG. Reactions were incubated for 2 h at 37 °C before resolving on an SDS-PAGE gel. SasG bands were quantified, and the percentage processed to the shorter product was calculated. Results are averages of three experiments, with statistical significance calculated by ANOVA. ***, $p < 0.001$. (D) Aggregation of LAC strain, lacking its own SasG, and expressing from a plasmid either a full-length SasG construct, or SasG construct with truncated N-terminal domain what replicates the effect of saliva processing. Aggregation was measured on *S. aureus* from overnight cultures suspended in saliva or PBS buffer for 1h. N=7. Coomassie stained SDS-PAGE gels showing expression and processing of SasG constructs in each strain were prepared from cell wall preparations of the above mentioned samples after the incubation.

634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664

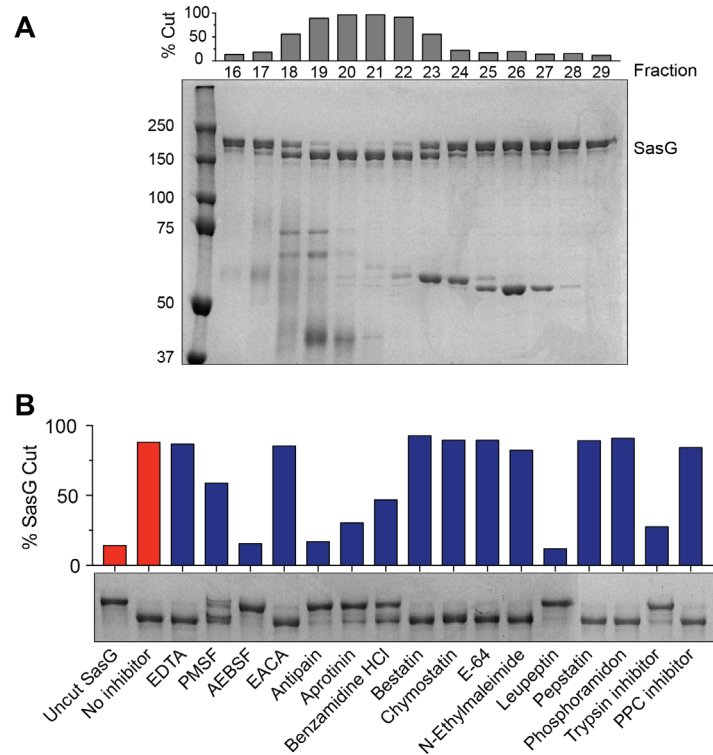


Fig. 4. Partial purification of SasG processing enzyme from human saliva. (A) Pooled active fractions from passing saliva over an anion exchange column were then passed over a size exclusion column. Coomassie stained gel shows SasG cleavage by selected fractions from the size exclusion purification. Fraction numbers are indicated above the gel, and bars show percent SasG cleavage for each fraction. Molecular weight standards in kDa are indicated on the left. (B) Aliquots of fraction 20 were pre-incubated with the indicated protease inhibitors for 15 min before adding SasG. Cleavage of SasG was measured after 1.5 h at 37°C by separating on an SDS-PAGE gel and quantifying percent cleavage.

665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698

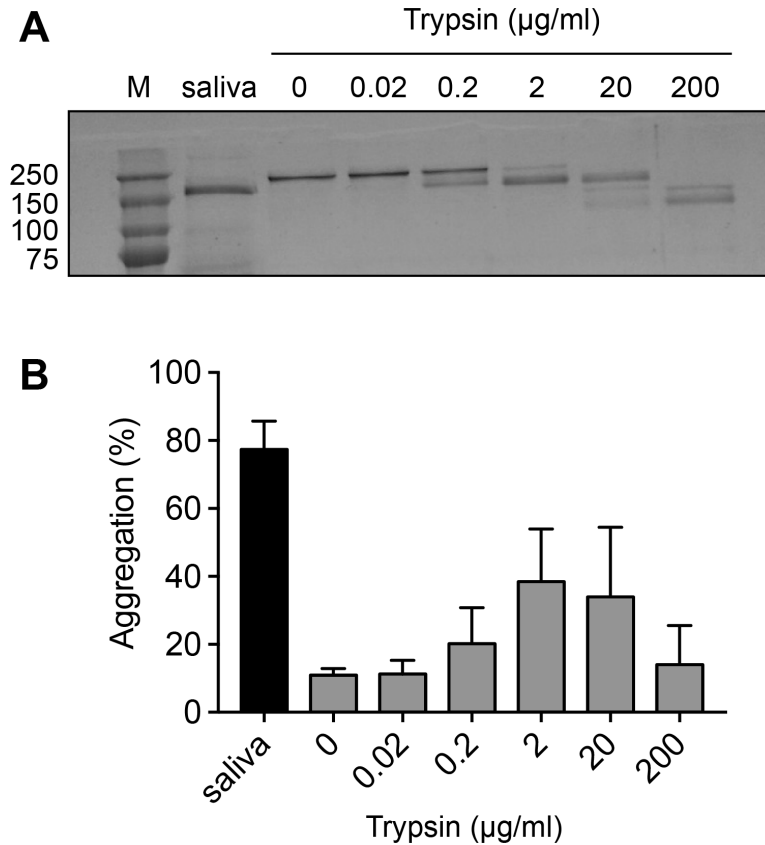


Fig. 5. Trypsin can process SasG and promote *S. aureus* aggregation. (A) Purified full-length SasG was incubated for 1 h with either human saliva or serial dilutions of trypsin before running on an SDS-PAGE gel and staining with Coomassie. (B) *S. aureus* MW2 $\Delta mgrA$ cells were resuspended in either saliva or PBS supplemented with trypsin and allowed to aggregate for 1 h. Measurements are averages and standard deviations of three separate experiments.

699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732

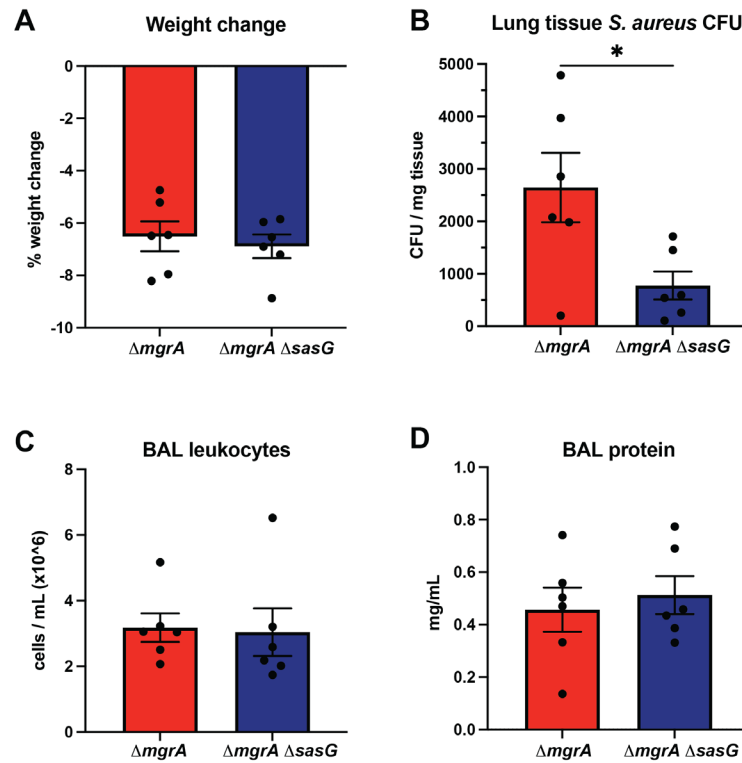


Fig. 6. SasG is involved in *S. aureus* virulence in lung infection. Mice were infected intratracheally by *S. aureus* MW2 $\Delta mgrA$ and by its congenic strain $\Delta mgrA \Delta sasG$ lacking SasG, and severity of pneumonia was assessed by weight loss (A), counting the CFU burden in lung homogenates (B), lung leukocyte recruitment in bronchoalveolar lavage (C), and protein infiltration in lavage fluid (D) after 24h. Results presented as means \pm SEM, with statistical significance calculated by Mann-Whitney test. *, $p < 0.05$.

733

734

735

736

737

738

739

740

741

742

743

744

745

746

747

748

749

750

751

752

753

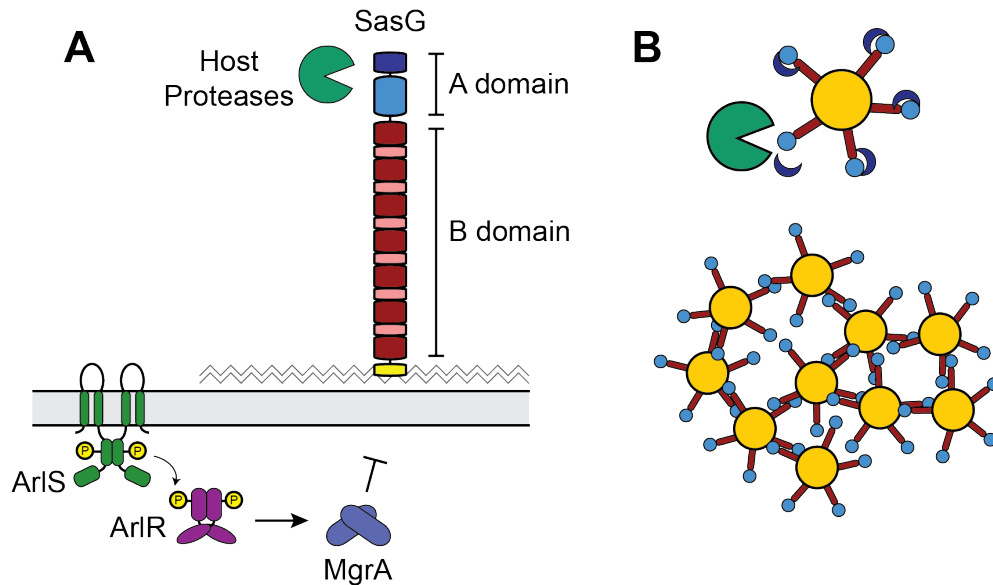


Fig. 7. Model of SasG transcriptional and post-translational regulation. (A) Expression of *sasG* is repressed by the ArlRS-MgrA regulatory cascade. At the post-translational level, host proteases such as trypsin can remove the N-terminal end of the A domain. (B) Removal of the end of the A domain (dark blue) allows SasG to oligomerize with SasG molecules on neighboring cells, resulting in aggregation of *S. aureus*.

754 **References:**

755

- 756 1. Mertz, D., et al., *Exclusive Staphylococcus aureus throat carriage: at-risk*
757 *populations*. Arch Intern Med, 2009. **169**(2): p. 172-8.
- 758 2. Gorwitz, R.J., et al., *Changes in the prevalence of nasal colonization with*
759 *Staphylococcus aureus in the United States, 2001-2004*. J Infect Dis, 2008.
760 **197**(9): p. 1226-34.
- 761 3. Miller, L.G. and B.A. Diep, *Clinical practice: colonization, fomites, and virulence:*
762 *rethinking the pathogenesis of community-associated methicillin-resistant*
763 *Staphylococcus aureus infection*. Clin Infect Dis, 2008. **46**(5): p. 752-60.
- 764 4. Donkor, E.S. and F.C. Kotey, *Methicillin-Resistant Staphylococcus aureus in the*
765 *Oral Cavity: Implications for Antibiotic Prophylaxis and Surveillance*. Infect Dis
766 (Auckl), 2020. **13**: p. 1178633720976581.
- 767 5. Kearney, A., et al., *The oral cavity revealed as a significant reservoir of*
768 *Staphylococcus aureus in an acute hospital by extensive patient, healthcare*
769 *worker and environmental sampling*. J Hosp Infect, 2020.
- 770 6. Kluytmans, J.A., et al., *Nasal carriage of Staphylococcus aureus as a major risk*
771 *factor for wound infections after cardiac surgery*. J Infect Dis, 1995. **171**(1): p.
772 216-9.
- 773 7. Munoz, P., et al., *Nasal carriage of S. aureus increases the risk of surgical site*
774 *infection after major heart surgery*. J Hosp Infect, 2008. **68**(1): p. 25-31.
- 775 8. Wertheim, H.F., et al., *Risk and outcome of nosocomial Staphylococcus aureus*
776 *bacteraemia in nasal carriers versus non-carriers*. Lancet, 2004. **364**(9435): p.
777 703-5.
- 778 9. von Eiff, C., et al., *Nasal carriage as a source of Staphylococcus aureus*
779 *bacteremia*. Study Group. N Engl J Med, 2001. **344**(1): p. 11-6.
- 780 10. Corne, P., et al., *Molecular evidence that nasal carriage of Staphylococcus*
781 *aureus plays a role in respiratory tract infections of critically ill patients*. J Clin
782 Microbiol, 2005. **43**(7): p. 3491-3.
- 783 11. Weiner, L.M., et al., *Antimicrobial-Resistant Pathogens Associated With*
784 *Healthcare-Associated Infections: Summary of Data Reported to the National*
785 *Healthcare Safety Network at the Centers for Disease Control and Prevention,*
786 *2011-2014*. Infect Control Hosp Epidemiol, 2016. **37**(11): p. 1288-1301.
- 787 12. Zimlichman, E., et al., *Health care-associated infections: a meta-analysis of costs*
788 *and financial impact on the US health care system*. JAMA Intern Med, 2013.
789 **173**(22): p. 2039-46.
- 790 13. Cámara, M., et al., *Economic significance of biofilms: a multidisciplinary and*
791 *cross-sectoral challenge*. npj Biofilms and Microbiomes, 2022. **8**(1): p. 42.
- 792 14. Kavanagh, K.T., *Control of MSSA and MRSA in the United States: protocols,*
793 *policies, risk adjustment and excuses*. Antimicrobial Resistance & Infection
794 Control, 2019. **8**(1): p. 103.
- 795 15. Kourtis, A.P., et al., *Vital Signs: Epidemiology and Recent Trends in Methicillin-*
796 *Resistant and in Methicillin-Susceptible Staphylococcus aureus Bloodstream*
797 *Infections - United States*. MMWR Morb Mortal Wkly Rep, 2019. **68**(9): p. 214-
798 219.

- 799 16. Han, A., et al., *The importance of a multifaceted approach to characterizing the*
800 *microbial flora of chronic wounds*. *Wound Repair Regen*, 2011. **19**(5): p. 532-41.
- 801 17. Davies, C.E., et al., *Use of 16S ribosomal DNA PCR and denaturing gradient gel*
802 *electrophoresis for analysis of the microfloras of healing and nonhealing chronic*
803 *venous leg ulcers*. *J Clin Microbiol*, 2004. **42**(8): p. 3549-57.
- 804 18. Gjodsbol, K., et al., *Multiple bacterial species reside in chronic wounds: a*
805 *longitudinal study*. *Int Wound J*, 2006. **3**(3): p. 225-31.
- 806 19. *Cystic Fibrosis Foundation Patient Registry, 2016 Annual Data Report*. 2016
807 Annual Data Report. 2016, Bethesda, Maryland, USA.
- 808 20. Paharik, A.E. and A.R. Horswill, *The Staphylococcal Biofilm: Adhesins,*
809 *Regulation, and Host Response*. *Microbiol Spectr*, 2016. **4**(2).
- 810 21. Donlan, R.M., *Biofilms and device-associated infections*. *Emerg Infect Dis*, 2001.
811 **7**(2): p. 277-81.
- 812 22. Haaber, J., et al., *Planktonic Aggregates of Staphylococcus aureus Protect*
813 *against Common Antibiotics*. *PLoS ONE*, 2012. **7**(7): p. e41075.
- 814 23. Fux, C.A., S. Wilson, and P. Stoodley, *Detachment characteristics and oxacillin*
815 *resistance of Staphylococcus aureus biofilm emboli in an in vitro catheter*
816 *infection model*. *J Bacteriol*, 2004. **186**(14): p. 4486-91.
- 817 24. Horst, S.A., et al., *A novel mouse model of Staphylococcus aureus chronic*
818 *osteomyelitis that closely mimics the human infection: an integrated view of*
819 *disease pathogenesis*. *Am J Pathol*, 2012. **181**(4): p. 1206-14.
- 820 25. Fazli, M., et al., *Nonrandom distribution of Pseudomonas aeruginosa and*
821 *Staphylococcus aureus in chronic wounds*. *J Clin Microbiol*, 2009. **47**(12): p.
822 4084-9.
- 823 26. Bjarnsholt, T., et al., *The in vivo biofilm*. *Trends Microbiol*, 2013. **21**(9): p. 466-74.
- 824 27. DePas, W.H., et al., *Exposing the Three-Dimensional Biogeography and*
825 *Metabolic States of Pathogens in Cystic Fibrosis Sputum via Hydrogel*
826 *Embedding, Clearing, and rRNA Labeling*. *MBio*, 2016. **7**(5).
- 827 28. Kappler, M., et al., *Eradication of methicillin resistant Staphylococcus aureus*
828 *detected for the first time in cystic fibrosis: A single center observational study*.
829 *Pediatr Pulmonol*, 2016. **51**(10): p. 1010-1019.
- 830 29. Kiefer, A., C. Bogdan, and V.O. Melichar, *Successful eradication of newly*
831 *acquired MRSA in six of seven patients with cystic fibrosis applying a short-term*
832 *local and systemic antibiotic scheme*. *BMC Pulm Med*, 2018. **18**(1): p. 20.
- 833 30. Hall, H., et al., *Eradication of respiratory tract MRSA at a large adult cystic*
834 *fibrosis centre*. *Respir Med*, 2015. **109**(3): p. 357-63.
- 835 31. Ceri, H., et al., *The Calgary Biofilm Device: new technology for rapid*
836 *determination of antibiotic susceptibilities of bacterial biofilms*. *J Clin Microbiol*,
837 1999. **37**(6): p. 1771-6.
- 838 32. Girard, L.P., et al., *MIC versus MBEC to determine the antibiotic sensitivity of*
839 *Staphylococcus aureus in peritoneal dialysis peritonitis*. *Perit Dial Int*, 2010.
840 **30**(6): p. 652-6.
- 841 33. Donlan, R.M. and J.W. Costerton, *Biofilms: survival mechanisms of clinically*
842 *relevant microorganisms*. *Clin Microbiol Rev*, 2002. **15**(2): p. 167-93.
- 843 34. Leid, J.G., et al., *Human leukocytes adhere to, penetrate, and respond to*
844 *Staphylococcus aureus biofilms*. *Infect Immun*, 2002. **70**(11): p. 6339-45.

- 845 35. Schommer, N.N., et al., *Staphylococcus epidermidis* uses distinct mechanisms of
846 *biofilm formation to interfere with phagocytosis and activation of mouse*
847 *macrophage-like cells 774A.1*. Infect Immun, 2011. **79**(6): p. 2267-76.
- 848 36. Scherr, T.D., et al., *Staphylococcus aureus Biofilms Induce Macrophage*
849 *Dysfunction Through Leukocidin AB and Alpha-Toxin*. MBio, 2015. **6**(4).
- 850 37. Crosby, H.A., J. Kwiecinski, and A.R. Horswill, *Staphylococcus aureus*
851 *Aggregation and Coagulation Mechanisms, and Their Function in Host–Pathogen*
852 *Interactions*, in *Advances in Applied Microbiology*. 2016, Elsevier. p. 1-41.
- 853 38. Geoghegan, J.A., et al., *Role of surface protein SasG in biofilm formation by*
854 *Staphylococcus aureus*. J Bacteriol, 2010. **192**(21): p. 5663-73.
- 855 39. Corrigan, R.M., et al., *The role of Staphylococcus aureus surface protein SasG in*
856 *adherence and biofilm formation*. Microbiology, 2007. **153**(Pt 8): p. 2435-46.
- 857 40. Conrady, D.G., et al., *A zinc-dependent adhesion module is responsible for*
858 *intercellular adhesion in staphylococcal biofilms*. Proc Natl Acad Sci U S A, 2008.
859 **105**(49): p. 19456-61.
- 860 41. Macintosh, R.L., et al., *The terminal A domain of the fibrillar accumulation-*
861 *associated protein (Aap) of Staphylococcus epidermidis mediates adhesion to*
862 *human corneocytes*. J Bacteriol, 2009. **191**(22): p. 7007-16.
- 863 42. Roche, F.M., M. Meehan, and T.J. Foster, *The Staphylococcus aureus surface*
864 *protein SasG and its homologues promote bacterial adherence to human*
865 *desquamated nasal epithelial cells*. Microbiology, 2003. **149**(Pt 10): p. 2759-67.
- 866 43. Rohde, H., et al., *Induction of Staphylococcus epidermidis biofilm formation via*
867 *proteolytic processing of the accumulation-associated protein by staphylococcal*
868 *and host proteases*. Mol Microbiol, 2005. **55**(6): p. 1883-95.
- 869 44. Speziale, P., et al., *Protein-based biofilm matrices in Staphylococci*. Front Cell
870 Infect Microbiol, 2014. **4**: p. 171.
- 871 45. Conrady, D.G., J.J. Wilson, and A.B. Herr, *Structural basis for Zn²⁺-dependent*
872 *intercellular adhesion in staphylococcal biofilms*. Proc Natl Acad Sci U S A, 2013.
873 **110**(3): p. E202-11.
- 874 46. Paharik, A.E., et al., *The metalloprotease SepA governs processing of*
875 *accumulation-associated protein and shapes intercellular adhesive surface*
876 *properties in Staphylococcus epidermidis*. Mol Microbiol, 2016.
- 877 47. Corrigan, R.M., et al., *The role of Staphylococcus aureus surface protein SasG in*
878 *adherence and biofilm formation*. Microbiology (Reading), 2007. **153**(Pt 8): p.
879 2435-2446.
- 880 48. Meyer, T.C., et al., *A Comprehensive View on the Human Antibody Repertoire*
881 *Against Staphylococcus aureus Antigens in the General Population*. Front
882 Immunol, 2021. **12**: p. 651619.
- 883 49. Crosby, H.A., et al., *The Staphylococcus aureus Global Regulator MgrA*
884 *Modulates Clumping and Virulence by Controlling Surface Protein Expression*.
885 PLOS Pathogens, 2016. **12**(5): p. e1005604.
- 886 50. Monecke, S., et al., *A field guide to pandemic, epidemic and sporadic clones of*
887 *methicillin-resistant Staphylococcus aureus*. PLoS One, 2011. **6**(4): p. e17936.
- 888 51. Crosby, H.A., et al., *The Staphylococcus aureus ArlRS two-component system*
889 *regulates virulence factor expression through MgrA*. Mol Microbiol, 2020. **113**(1):
890 p. 103-122.

- 891 52. Kollef, M.H., *The prevention of ventilator-associated pneumonia*. N Engl J Med,
892 1999. **340**(8): p. 627-34.
- 893 53. Scannapieco, F.A., *Role of oral bacteria in respiratory infection*. J Periodontol,
894 1999. **70**(7): p. 793-802.
- 895 54. Scannapieco, F.A., B. Wang, and H.J. Shiau, *Oral bacteria and respiratory*
896 *infection: effects on respiratory pathogen adhesion and epithelial cell*
897 *proinflammatory cytokine production*. Ann Periodontol, 2001. **6**(1): p. 78-86.
- 898 55. Dong, J., et al., *Relationships Between Oral Microecosystem and Respiratory*
899 *Diseases*. Frontiers in Molecular Biosciences, 2022. **8**.
- 900 56. Wormann, M.E., et al., *Proteolytic cleavage inactivates the Staphylococcus*
901 *aureus lipoteichoic acid synthase*. J Bacteriol, 2011. **193**(19): p. 5279-91.
- 902 57. Nilsson, P. and T. Ripa, *Staphylococcus aureus throat colonization is more*
903 *frequent than colonization in the anterior nares*. J Clin Microbiol, 2006. **44**(9): p.
904 3334-9.
- 905 58. Gustafsson, E.B., H. Ringberg, and P.J. Johansson, *MRSA in children from*
906 *foreign countries adopted to Swedish families*. Acta Paediatr, 2007. **96**(1): p.
907 105-8.
- 908 59. Hamdan-Partida, A., T. Sainz-Espunes, and J. Bustos-Martinez, *Characterization*
909 *and persistence of Staphylococcus aureus strains isolated from the anterior*
910 *nares and throats of healthy carriers in a Mexican community*. J Clin Microbiol,
911 2010. **48**(5): p. 1701-5.
- 912 60. Paling, F.P., et al., *Association of Staphylococcus aureus Colonization and*
913 *Pneumonia in the Intensive Care Unit*. JAMA Netw Open, 2020. **3**(9): p.
914 e2012741.
- 915 61. Paling, F.P., et al., *Staphylococcus aureus colonization at ICU admission as a*
916 *risk factor for developing S. aureus ICU pneumonia*. Clin Microbiol Infect, 2017.
917 **23**(1): p. 49 e9-49 e14.
- 918 62. Kukita, K., et al., *Staphylococcus aureus SasA is responsible for binding to the*
919 *salivary agglutinin gp340, derived from human saliva*. Infect Immun, 2013. **81**(6):
920 p. 1870-9.
- 921 63. Heo, S.M., et al., *Host defense proteins derived from human saliva bind to*
922 *Staphylococcus aureus*. Infect Immun, 2013. **81**(4): p. 1364-73.
- 923 64. Foster, T.J., et al., *Adhesion, invasion and evasion: the many functions of the*
924 *surface proteins of Staphylococcus aureus*. Nat Rev Microbiol, 2014. **12**(1): p.
925 49-62.
- 926 65. Crosby, H.A., et al., *The Staphylococcus aureus Global Regulator MgrA*
927 *Modulates Clumping and Virulence by Controlling Surface Protein Expression*.
928 PLoS Pathog, 2016. **12**(5): p. e1005604.
- 929 66. Toledo-Arana, A., et al., *Staphylococcus aureus develops an alternative, ica-*
930 *independent biofilm in the absence of the arlRS two-component system*. J
931 Bacteriol, 2005. **187**(15): p. 5318-29.
- 932 67. Kwiecinski, J.M., et al., *Staphylococcus aureus adhesion in endovascular*
933 *infections is controlled by the ArlRS–MgrA signaling cascade*. PLOS Pathogens,
934 2019. **15**(5): p. e1007800.

- 935 68. Fingleton, B., et al., *Proteinase activity in human and murine saliva as a*
936 *biomarker for proteinase inhibitor efficacy*. Clin Cancer Res, 2004. **10**(23): p.
937 7865-74.
- 938 69. Niederman, M.S. and C. Cilloniz, *Aspiration pneumonia*. Rev Esp Quimioter,
939 2022. **35 Suppl 1**(Suppl 1): p. 73-77.
- 940 70. Yonemoto, K., et al., *Redundant and Distinct Roles of Secreted Protein Eap and*
941 *Cell Wall-Anchored Protein SasG in Biofilm Formation and Pathogenicity*
942 *of Staphylococcus aureus*. Infection and Immunity, 2019. **87**(4).
- 943 71. Monk, I.R., et al., *Transforming the untransformable: application of direct*
944 *transformation to manipulate genetically Staphylococcus aureus and*
945 *Staphylococcus epidermidis*. MBio, 2012. **3**(2).
- 946 72. Lofblom, J., et al., *Optimization of electroporation-mediated transformation:*
947 *Staphylococcus carnosus as model organism*. J Appl Microbiol, 2007. **102**(3): p.
948 736-47.
- 949 73. Novick, R.P., *Genetic systems in staphylococci*. Methods Enzymol, 1991. **204**: p.
950 587-636.
- 951 74. Bankevich, A., et al., *SPAdes: a new genome assembly algorithm and its*
952 *applications to single-cell sequencing*. J Comput Biol, 2012. **19**(5): p. 455-77.
- 953 75. Gurevich, A., et al., *QUAST: quality assessment tool for genome assemblies*.
954 Bioinformatics, 2013. **29**(8): p. 1072-5.
- 955 76. Seemann, T., *Prokka: rapid prokaryotic genome annotation*. Bioinformatics,
956 2014. **30**(14): p. 2068-9.
- 957 77. Scotto-Lavino, E., G. Du, and M.A. Frohman, *5' end cDNA amplification using*
958 *classic RACE*. Nat Protoc, 2006. **1**(6): p. 2555-62.
- 959 78. Pang, Y.Y., et al., *agr-Dependent interactions of Staphylococcus aureus USA300*
960 *with human polymorphonuclear neutrophils*. J Innate Immun, 2010. **2**(6): p. 546-
961 59.
- 962 79. Luong, T.T. and C.Y. Lee, *Improved single-copy integration vectors for*
963 *Staphylococcus aureus*. J Microbiol Methods, 2007. **70**(1): p. 186-90.
- 964 80. Nair, D., et al., *Whole-genome sequencing of Staphylococcus aureus strain*
965 *RN4220, a key laboratory strain used in virulence research, identifies mutations*
966 *that affect not only virulence factors but also the fitness of the strain*. J Bacteriol,
967 2011. **193**(9): p. 2332-5.
- 968 81. Baba, T., et al., *Genome and virulence determinants of high virulence*
969 *community-acquired MRSA*. Lancet, 2002. **359**(9320): p. 1819-27.
- 970 82. Boles, B.R., et al., *Identification of genes involved in polysaccharide-independent*
971 *Staphylococcus aureus biofilm formation*. PLoS One, 2010. **5**(4): p. e10146.
- 972 83. Baba, T., et al., *Genome sequence of Staphylococcus aureus strain Newman*
973 *and comparative analysis of staphylococcal genomes: polymorphism and*
974 *evolution of two major pathogenicity islands*. J Bacteriol, 2008. **190**(1): p. 300-10.
- 975 84. Kuroda, M., et al., *Whole genome sequencing of meticillin-resistant*
976 *Staphylococcus aureus*. Lancet, 2001. **357**(9264): p. 1225-40.
- 977 85. Schlievert, P.M. and D.A. Blomster, *Production of staphylococcal pyrogenic*
978 *exotoxin type C: influence of physical and chemical factors*. J Infect Dis, 1983.
979 **147**(2): p. 236-42.

- 980 86. Holden, M.T., et al., *Complete genomes of two clinical Staphylococcus aureus*
981 *strains: evidence for the rapid evolution of virulence and drug resistance*. Proc
982 Natl Acad Sci U S A, 2004. **101**(26): p. 9786-91.
- 983 87. Bateman, B.T., et al., *Evaluation of a tetracycline-inducible promoter in*
984 *Staphylococcus aureus in vitro and in vivo and its application in demonstrating*
985 *the role of sigB in microcolony formation*. Infect Immun, 2001. **69**(12): p. 7851-7.
- 986 88. Corrigan, R.M. and T.J. Foster, *An improved tetracycline-inducible expression*
987 *vector for Staphylococcus aureus*. Plasmid, 2009. **61**(2): p. 126-9.
- 988 89. Rocco, C.J., et al., *Construction and use of new cloning vectors for the rapid*
989 *isolation of recombinant proteins from Escherichia coli*. Plasmid, 2008. **59**(3): p.
990 231-7.
991
992